DOCUMENT RESUME

ED 119 051 CG 010 357

TITLE	Doing Drug Education: The Role of the School Teacher.
INSTITUTION	Southern Regional Education Board, Atlanta, Ga.
SPONS AGENCY	National Inst. on Drug Abuse (DHEW/PHS), Rockville, Md.
REPORT NO	DHEW-ADM-75-232
PUB DATE	75
NOTE	32p.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (Stock No. 017-024-00460-0, $0.80)
EDRS PRICE	MF-$0.83 HC-$2.06 Plus Postage
DESCRIPTORS	*Alcohol Education; *Drug Education; Elementary Secondary Education; Program Descriptions; *Regional Programs; Southern States; *Teacher Education; *Teacher Role
IDENTIFIERS	*Enhancing Drug Education in the South Project

ABSTRACT

Enhancing Drug Education in the South was a project conducted by the Southern Regional Education Board in 1971-74. The project held regional conferences that brought together people in the SREB region with State-level responsibility for planning alcohol and drug education programs in an effort to find solutions to common problems such as coordination and program evaluation. SREB convened a task force of eight people with expertise in teaching and in preparing teachers for drug education. The task force first met early in April 1972 to determine what kinds of skills students need to live successfully in a drug-oriented society, and what classroom activities would be most effective in meeting these needs. With this as a basis, the second session, held at the end of April, concentrated on determining the competencies--knowledge, skills, values, and attitudes--needed by a teacher who would carry out the activities. This report reflects the deliberations of two workshops that focused on teacher training for the role of drug educator in schools. The objective of these two sessions was not to design a curriculum or training program, but rather to determine what competencies a teacher needs to serve as an effective drug educator. Furthermore, the task force defined "drug educator" as a role that any teacher might assume, whether his primary assignment be English, social studies, science, or health. (Author/HMV)

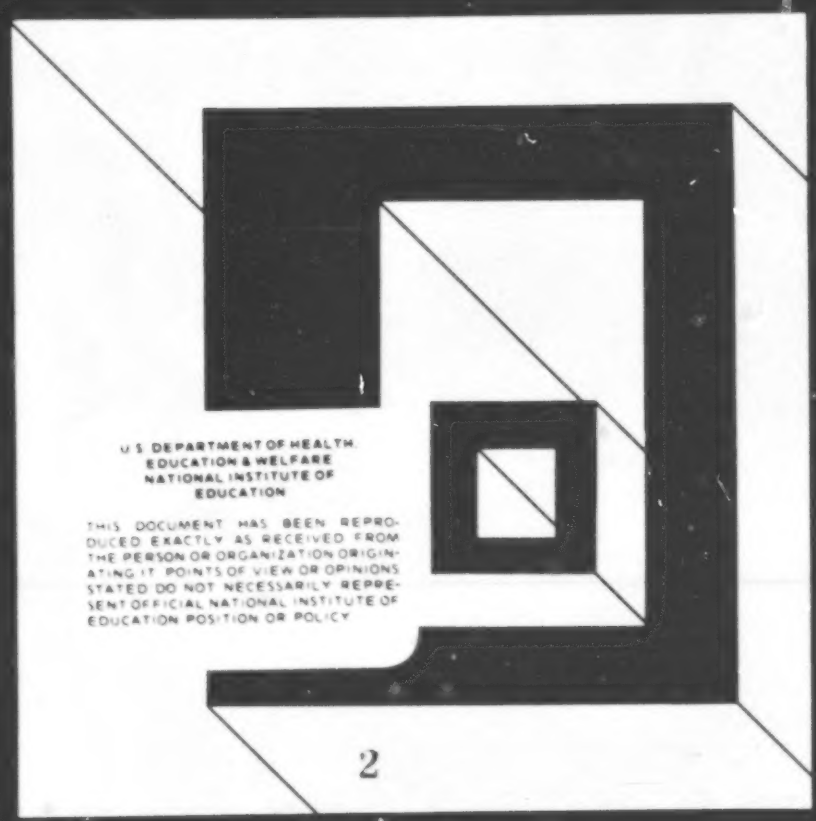
****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED1190 51

SURPLUS - 2
LIBRARY OF CONGRESS
DUPLICATE

DOING DRUG EDUCATION

The Role of the School Teacher



U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

2

NATIONAL INSTITUTE ON DRUG ABUSE

7

DOING DRUG EDUCATION

The Role of the School Teacher

Prevention Branch
Division of Resource Development
National Institute on Drug Abuse
11400 Rockville Pike
Rockville, Maryland 20852

MEMBERS OF THE TASK FORCE

Mr. Gene Bass, Director
Project Dawn
Baltimore, Maryland 21218

Dr. Fred Proff
Department of Counselor Education
University of Houston
Houston, Texas 77004

Dr. Richard K. Means
School of Education
Auburn University
Auburn, Alabama 36830

Dr. Bill Wallace
Department of Health Education
University of Tennessee
Knoxville, Tennessee 37916

Mrs. Rose Baugh
Department of Education
George College at Milledgeville
Milledgeville, Georgia 30161

Mr. Herbert O. Brayer, Director
Drug Abuse Prevention Education
Orange County Department of Education
Santa Ana, California 92701

Dr. Weldon Elbert
East Texas State University
Commerce, Texas 75429

Mrs. Lenore Sherck
Title III, ESEA Project
Lakewood Public School System
Cleveland, Ohio 44120

This material was produced under Grant No. MH20947 from the National Institute on Drug Abuse to the Southern Regional Education Board, 130 Sixth Street, N.W., Atlanta, Georgia 30313.

DHEW Publication No. (ADM)75–232
Printed 1975

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price 80 cents
Stock Number 017–024–00460–0

FOREWORD

This publication marks one of the first attempts by the Prevention Branch, Division of Resource Development, National Institute on Drug Abuse, to share information gleaned from projects sponsored by demonstration grants. There is no question that schools are second only to families in their potential for influencing the drug-taking behavior of the young. In this report, the Southern Regional Education Board, an educational compact of 14 Southern States, has crystallized some of the best thinking to date about the school's role and responsibility in the area of drug abuse prevention. This is one of a continuing series of tools that the Prevention Branch is making available to assist schools in their important role in influencing young people. While this report is of necessity limited, it is anticipated that information will be added as new developments warrant and materials emerge to advance the state of the art in drug prevention and education.

John R. Olsen, Ph.D.
Chief
Drug Abuse Prevention Branch
Division of Resource Development

PREFACE

Enhancing Drug Education in the South, a project conducted by the Southern Regional Education Board [1] in 1971–74, was supported by the National Institute on Drug Abuse under grant No. 1R25–MH20947. The project held regional conferences that brought together people in the SREB region with State-level responsibility for planning alcohol and drug education programs in an effort to find solutions to common problems such as coordination and program evaluation.

In addition to the regional conferences, the project also sponsored small task-oriented workshops which addressed problems concerning specific target populations for alcohol and drug education. One target population—the one for whom perhaps the largest number of drug education programs have been organized—was the student population of the public school systems.

This report reflects the deliberations of two workshops that focused on teacher training for the role of drug educator in schools. The objective of these two sessions was not to design a curriculum or training program, but rather to determine what competencies a teacher needs to serve as an effective drug educator. Furthermore, we (the task force and project staff) defined "drug educator" as a role that any teacher might assume, whether his primary assignment be English, social studies, science, or health.

SREB convened a task force of eight people with expertise in teaching and in preparing teachers for drug education. The task force first met early in April 1972 to determine what kinds of skills students need to live successfully in a drug-oriented society, and what classroom activities would be most effective in meeting these needs. With this as a basis, the second session, held at the end of April, concentrated on determining the competencies—knowledge, skills, values, and attitudes—needed by a teacher who would carry out the activities.

This publication spells out in some detail the competencies for the role of "drug educator" identified by the task force committee. It does not attempt to define all of the competencies required for teaching or considered necessary to the well-adjusted, mentally healthy personality, although they would definitely be crucial to effective drug education. Certain personal as well as teaching competencies are assumed, just as we assume that we are starting with the person who has the ability to read and write.

The competencies described here are merely the beginning. People with responsibility for preparing teachers for the role of drug educator will, of course, have to make their own decisions regarding the appropriateness of the competency descriptions to the programs they advocate. We hope that schools of education will be stirred by this publication to closely examine the objectives of their programs. "What courses should we offer?" can logically be asked only after we have answered the question, "What do we expect of our teachers?" followed closely by, "How well do current programs meet those expectations?" It is important to know what the teacher can do as well as to know what course work he has completed.

Our special thanks go to the eight members of the task force who contributed their ideas and work to this undertaking. However, the final responsibility for the content of this publication, including the definition of terms used, lies with the SREB staff and does not necessarily reflect a consensus of thought among the task force members.

Xenia R. Wiggins
Project Director
Enhancing Drug Education in the South

[1] The 14 member States of the SREB compact are: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

CONTENTS

	Page
Members of the Task Force	ii
Foreword	iii
Preface	iv
Introduction	1
Conceptual Issues	4
Student Needs in Drug Education	7
Values and Attitudes	12
Skills	17
Knowledge	20
Annotated Bibliography	24

INTRODUCTION

During the 1960s, when the use of illegal drugs such as marihuana and heroin spread from the ghetto to suburbia, and mood-modifying substances such as LSD found their way to the college and high school campuses, an alarmed public began to ask that something be done about "the drug problem." One proposed solution to prevent an increase in drug abuse is "drug education." Although drug abuse is certainly not restricted to young people, still far more energy is being spent in developing alcohol and drug education programs for youths than for adults. Once again, public schools are called upon to stem a social problem—the current drug crisis.

There are many issues to consider in planning alcohol and drug education programs for the school system. For example, when should drug education begin? What concepts should be taught and what techniques employed to reach young people at different developmental levels? Should it be taught as a separate course or should it be integrated into all or part of the existing curriculum?

Perhaps the most critical issue is how to prepare teachers to handle the responsibility of drug education. In the final analysis, the success of any educational program—particularly programs that deal with student's personal behavior, attitudes, and feelings—depends on the skills of the teacher.

Traditionally, teachers have been prepared to disseminate information, and traditional teaching techniques were not severely questioned as long as the subject matters were math, English, history, etc. But when the subject becomes more personal, for example when the teacher is asked to teach about drugs or sex, he is being asked to do more than provide information; in most cases he is also being asked to influence behavior. Increasingly, the school is formally sharing in the responsibility for the students' affective development as well as his cognitive development. If the school is going to assume this responsibility, and particularly if it intends to include comprehensive, long-range affective education that is more than a temporary program in response to an immediate crisis, then we may want to take a new look at what we are preparing our teachers to do and to be. Adequately preparing teachers for the new roles they are expected to assume in the classrooms will help ensure that the "good teacher" is the rule rather than the exception. The more that teacher training—in college or in service—reflects a realistic picture of what the teaching profession is and what the classroom experience is likely to involve, the better prepared teachers will be.

This report has a related but narrower objective: to define in rather specific detail the "core of competence"—what we think teachers should do and be—for the role of drug educator. The term "drug educator" is used in this text to apply to a role that any teacher might assume when drug issues come up in his class. It is *not* intended to apply to a teacher of a separate drug education course in the same way that "English teacher" applies to a teacher of a separate English course. Although the competencies are defined in terms of drug education, we do not assume that they are unique only to this single role. To the contrary, most of the competencies would be applicable to other teaching roles, especially those related to changing the personal behavior of the learner. Also, these competencies might apply to people who are not members of the teaching profession—law enforcement personnel, doctors, clergymen, pharmacists, parents—who often are called on to assume the role of drug educator.

In short, our task was to describe a teacher prepared to meet the drug education needs of students regardless of what subjects he teaches.

The task force did not attempt to design a curriculum or training process that would produce such a teacher. Although both are important parts of preparing teachers for drug education, the description of specific competencies seemed to be a more critical need. First, the need to reexamine and redefine traditional teacher competencies has been strongly indicated by the apparent failure of drug education programs which have followed the traditional informational model. Second, it would seem more important for school personnel who design drug education programs to know what they can expect of their teachers than to know what course work their teachers have completed. Third, the initial step in designing any curriculum or training program should be the definition of competencies expected for learners in that program.

The competencies for the role of drug educator are broken down into three categories: knowledge, skills, and values and attitudes. These are defined later in the text. There is, of course, some overlap among the three competency areas, since it is often difficult to separate the skill of "doing" from the knowledge base of "knowing how to do." In general, the knowledge base assumed for each skill is not defined again in the section on knowledge competencies. Similarly, the skills underlying many of the values and attitudes are not duplicated in the section on skills.

The pages that follow spell out the process and specific recommendations of the task force deliberations. There will be points of disagreement among readers as there were among the task force members.

TASK FORCE ACTIVITIES

Prior to the first workshop session, SREB staff outlined the underlying philosophy and certain basic assumptions which guided the efforts of the task force.

1. The "drug problem" (however it may be defined) is not inherent in the mere existence of pharmacological substances. The problem lies in the way people decide to use those substances. Educational programs which focus only on drug information are not sufficient to help solve the "people problems."
2. Problem drug use—the pattern and frequency of drug use which interferes with the user's social, psychological, or vocational functioning—is a way of dealing with the environment. It is a behavior pattern and is usually directed toward avoiding the user's personal problems.
3. The teacher has not only the ability but the responsibility to help students learn how to use drugs responsibly and learn how to find alternative solutions to personal problems that might otherwise lead to drug abuse.
4. The teacher should serve more as a facilitator of learning than as an imparter of knowledge. This assumption implies a process-oriented or problem-solving approach to drug education.

The guiding objective for our task was to meet the drug education needs of students, rather than the needs of school administrators, of teachers, or of the people responsible for preparing future teachers. Too often, drug education programs are designed and teachers are trained to satisfy the perceptions and biases of different adult groups. Consequently, the programs are likely to be irrelevant to the real world of peer pressure, value confusion, and "growing up" in which young people live.

The task force devoted the first workshop session to specifying the needs of students—what they need to know and to be able to do—to avoid drug use problems, and what school activities were best suited to meeting student needs. The task was indeed a difficult one and raised the still unanswered question—what is the objective of drug education? Are we more concerned with the 5 percent (or less) of the students who may become drug abusers, or

should our educational programs be directed to an estimated 95 percent who will use drugs for only medical reasons, rare experimentation, or in moderation at social gatherings? How do student needs differ at the various developmental levels, and how can we specify an abstract need, such as "ability to make responsible decisions?" What do we mean by "responsible?" What decisions? A teacher cannot help a student learn decisionmaking in the abstract sense. He learns to decide on specific issues, and then perhaps generalizes the process when other questions arise. The major problem the task force faced was in keeping the descriptions of student needs midway between the too general to be meaningful and the too specific to be applicable to the majority of students. The outcome of this session is covered briefly in a later section of this publication.

At the second workshop, the task force used deliberations of the first session to begin their primary task: describing in detail the knowledge, skills, values, and attitudes required for the role of drug educator. The task, as defined, was to describe the *core* of competence, or the most central skills and knowledge areas. These competencies will have to be modified or expanded for teachers in unusual situations—for example, in schools where the rates of drug addiction are unusually high or in schools where the majority of students come from severely disadvantaged homes. In both cases, the teacher would probably need exceptionally developed skills in working with parents.

Several decisions had to be made very early in the second workshop session. First, would competencies vary according to the grade level being taught? For example, would a senior high school teacher require more knowledge of the pharmacology of drugs than a primary grade teacher? The task force agreed that there should be no difference in competencies described for teachers of any grade level. The first grader is essentially asking some of the same questions about drugs as the senior, although his language will be quite different. For this reason, the primary grade teacher would need to know as much about the pharmacology of drugs as his senior high school counterpart; however, he would surely choose simpler language in answering his students' questions. In short, differentiating the level of competence needed would be appropriate in distinguishing between a teacher and a teacher's aide, but not in comparing a first grade teacher to a senior high teacher.

The second decision concerned defining the level of competence or proficiency needed in each knowledge or skill area listed. We began using terms such as "basic," "considerable," or "extensive" to differentiate the varying degrees of knowledge or skill required. The task force rejected this terminology as an unsatisfactory means of describing the amount of knowledge or skill required. Instead, they adopted behavioral terms more familiar to educators to define as specifically as possible the degree of proficiency required in a given area. Consequently, each competence item is followed by a list of behavioral objectives which spell out the observable behavior of a person competent in that area.

CONCEPTUAL ISSUES

It is important to define certain terms and concepts which have been used in the Introduction and will occur in the remainder of the text. There may be disagreement among readers with the definitions provided here; however, for many of the terms—particularly those related to drugs—there probably is no single definition which would satisfy all readers. We selected definitions which seemed to be the most compatible with our task and the philosophical approach which guided us.

Competency is defined as the teacher's functional ability to conduct role-related activities which facilitate the student's emotional growth and cognitive development. *Proficiency* is a measure of competency or the degree of expertise demonstrated by a teacher to perform a task adequately. The three basic areas of competence are knowledge, skills, and values and attitudes.

Knowledge is the body of facts, theories, principles, and relationships that comprise the didactic content of the field. *Skills* are the techniques, methods, and procedures which the teacher uses to fulfill objectives in the classroom, with parents, and in the community. *Values and attitudes* are the beliefs which the teacher holds about himself, about his work, about his students and their parents. Values are convictions which the teacher has about the nature of things in general and are relatively stable over time. Attitudes are beliefs about specific events or situations and are more susceptible to change. In defining the competencies of a drug educator, a distinction was made between *essential* values and attitudes and those which are *important* to the role of drug educator but about which no single value position is considered most desirable. For example, it is essential that the teacher have the attitude that students' curiosity about drugs can be legitimately explored in his class. If he does not, he is likely to turn off any questions in much the same way that many teachers react to students' questions on sex or other topics considered to be the strict province of the family. An example where no single value position is considered most important is the teacher's attitude toward legalization of drugs. It is not necessary that he either favor or disapprove of legalization; however, because this is the controversial issue, it would be helpful if he were aware of his own position and the many arguments both pro and con other popularly held viewpoints.

Drug is another term that we felt needed clear definition. This term currently arouses such an emotional reaction that the task force preferred to find a more neutral term. We explored several possibilities such as "chemical," but finally decided that no single term really covered the scope of substances we would want to include in drug education. We retained the term "drug" because it is more comprehensive and more convenient for repeated use than "mood modifying substance," and because this is the label applied to the educational programs and teacher training programs we are addressing. Drug, as used in this publication, refers to any substance other than food capable of altering behavior, sensation, or perception. It covers nearly all assimilated substance, including many (e.g., poisons, volatile substances) which were never intended for human consumption. The term is by no means limited to the illegal use of certain drugs that immediately come to mind when it is used. Drug, as defined here, includes alcohol—still the number one drug of abuse, prescription and nonprescription medicines, tobacco, common household chemicals such as cleansers, disinfectants, household sprays, etc., and the usual classification of illegal substances which have caused the recent concern. Drug education, using this definition of

drug, would answer the question, "How do I live in a chemical world?" and might include issues of air and water pollution as well as body pollution.

Most drug education programs have emphasized the "mood and behavior modifying" drugs. For this reason, much of the discussion in this publication will be more applicable (but not restricted) to this subcategory of drugs.

Other terms which need clarification, particularly when questions arise concerning the objectives of drug education, are drug abuse and misuse. In this discussion, *drug abuse* refers to the use of a drug with such frequency and in such concentrated dosages that the drug becomes critical to the person's lifestyle and interferes with his social, psychological, and vocational functioning. *Drug misuse*, on the other hand, refers to nonprescribed drug use resulting from design, ignorance, or carelessness. This includes not following recommended dosages, using someone else's prescription, intentional or unintentional mixing of incompatible drugs, or use of a drug for a purpose for which it was not therapeutically intended (e.g., amphetamine use among some athletes for increased endurance and performance). Of course, both practices (misuse and abuse) may have severe consequences for the drug user, but they raise different issues concerning drug education.

The task force purposefully avoided the legal issue in defining abuse and misuse. The question of classifying the use of illegal drugs is a delicate one. If any use of an illegal substance is considered an abuse, (i.e., an abuse of society's laws), then we must group a person who smokes one joint with a heroin addict. Too, the legal status of a drug is not stable. Tighter restrictions are being placed on many drugs as they gain in street popularity. At the same time, some drugs may become accepted for social use as did alcohol, thus making, for example, the person who smokes one joint a case of "abuse" today, but not tomorrow. For these reasons, defining "abuse" and "misuse" is strictly functional terms seemed more relevant to a discussion of teacher competencies and the long-range goals of drug education. This is not to imply that legal restrictions on drugs are of no consequence, but rather to state that incorporating legal issues in the discussion at this point would unduly complicate the task.

The next point of clarification is what do we expect of drug education? Drugs exist and will continue to exist; indeed, there are many drugs we would not want to do without. Perhaps, then, one expectation of drug education is to help us use more responsibly the drugs that are considered important to our well-being. The objective in this case is to reduce the amount of drug misuse. This leaves a range of drugs, both legal and illegal, which may not be necessary but are used socially by many people.

To examine our objectives for pleasure-seeking drug use, it would be helpful to look at a schema used by Dr. Carl Chambers, director of the Division of Addiction Sciences at the University of Miami School of Medicine. He estimates that out of 100 high school students, perhaps 50 will experiment with drugs. Thirty of the 50 experimenters may continue to use drugs for social/recreational purposes; five of the social users may move on to involved drug abuse, and perhaps two of these five will become dysfunctional. Realistically, there is little that drug education can do to prevent experimentation or social/recreational drug use. Both are strongly determined by the social situation and subject to little individual control. When situational drug use is pervasive, as with alcohol and marihuana, it may be considered socially normal. Drug education can hopefully reduce the amount of drug misuse and help students to make responsible decisions regarding their experimental and recreational drug use.

Reducing the amount of dysfunctional drug use presents a challenge to the total educational system to intervene in the lives of the small but critical proportion who may move from drug use to drug abuse. Their drug using behavior is not independent of other behavior patterns. To the majority of this group, drugs seem to be a viable means of handling interpersonal problems. One possible objective of education is to help them change their attitudes toward drug use and to help them acquire more functional means of dealing with problems rather than simply to increase their knowledge about drugs. This objective requires us to learn more about the personality patterns that occur repeatedly among involved and

dysfunctional drug abusers and to learn more about the 95 percent who do not resort to drug solutions. At this point, we have not studied and described "normal" drug use clearly enough to define and prevent abnormal use.

Although no single definition of a concept is completely satisfactory, hopefully the definitions suggested here will be of help to the reader in using this document.

STUDENT NEEDS IN DRUG EDUCATION

The function of education traditionally has been to teach students about the past and prepare them with academic skills (the three R's) for the immediate present. Curriculum development and teacher education have satisfied professional expectations of what the well-educated person should know about language, history, literature, math, etc. Increasingly, education is being called on to prepare people to adapt to a rapidly changing future. Drug education, sex education, family living education are examples of the new demands placed on the educational system. The objective of such programs is not to produce people who can converse intelligently on the particular subject, but rather to help people handle their personal lives more successfully in a society where external codes of behavior no longer carry the same strength or inflexibility.

If drug education is to help achieve this objective, programs must be made relevant to the needs of students. What does a student need to know and to be able to do to use drugs responsibly, to avoid relying on drugs to solve interpersonal problems, and to live with the people whose drug use patterns are different from his? How can we equip young people to handle experiences they may currently encounter and to anticipate experiences they may face as they grow older? Courses in the detailed history of drug use probably would not be of help to a person trying to find personal answers to such questions.

The task force considered these questions in some depth because they have definite implications for the competence of a teacher who could most effectively serve in the role of drug educator. However, since the purpose of this publication is to describe the teacher's skills rather than the student's, the outcome of this first session is only briefly covered to provide a framework for interpreting the competencies described later.

To organize and simplify the task of describing student needs, the task force conceptualized four stages of development between the ages of 5 and 18 years—the age span which includes the majority of young people in public school systems. The four levels used by the task force are as follows: 5- to 8-year-olds; 9- to 11-year-olds; 12- to 14-year-olds; 15- to 18-year-olds. Identification of developmental levels with age ranges is only for convenience. Not all students ages 5 to 8 will share the same needs, but the majority of them will. The teacher can note exceptional children in his class and tailor the drug education to apply to their developmental levels, regardless of their chronological ages.

The student's general development is toward accepting increasing responsibility for his own behavior. He is constantly being introduced to new dimensions of interaction with himself and his social environment, and new concerns become important and assume dominance over older issues. Thus, new concerns are simply added on to partially resolved issues from earlier stages. Like all other areas of his world, the child's drug world grows and becomes more complex. He begins to assume more responsibility for administering medicine to himself; he begins to become aware of and ultimately to encounter opportunities for drug experimentation and recreational use. To develop patterns of responsible drug use and to avoid drug misuse, the student needs to know about the drugs he is likely to encounter in his world and to learn behaviors which will help him successfully handle the drug experiences he may meet.

Drug abuse, however, raises different problems. For most students, avoiding drug

abuse involves learning how to handle the new feelings, experiences, and relationships which each developmental level introduces. In this way, we reduce the probability that students will turn to drugs as a means of coping with the discomfort they will experience if they cannot take care of these issues. This requires particular attention to identifying and working closely with members of the population who do not seem to move successfully through the developmental stages. In addition, there may be a few students who get hooked into dysfunctional drug use patterns through a somewhat hedonistic desire to experience the pleasure that drugs give them. Their drive appears to be more one of "getting kicks" than solving some underlying problem.

THE FIVE- TO EIGHT-YEAR-OLD

The diagram to the left offers a visual description of the relative allocation of responsibility for personal behavior. The child at this stage is very strongly influenced by the adult world. The drug experiences he is likely to encounter will occur around the house, since his social horizons are narrow at this point. He needs to know about common medicines and how they are used and about the chemical world he may find under the kitchen sink. He needs to know when it is appropriate to accept "candy" or pills from someone other than parents and what to do in situations when it is not appropriate. He needs to know the difference between candy and sugarcoated vitamins or aspirin. A 7-year-old living in an urban slum may already know about heroin, but most children in suburbia or in rural areas have little opportunity to know about, much less acquire, illegal drugs.

The primary developmental task during this period is learning to deal with others socially and cooperatively. This is the beginning of independence from the family, and the result is learning to function without direct supervision. Concerns fall primarily into feelings about himself, his skills, and his ability to get along with others. The building block for this period is the student's beginning acceptance of himself as a person in his own right with unique talents and worthwhile skills. Both learner and teacher need to be able to say, "I like me," followed closely by "I like you."

THE NINE- TO ELEVEN-YEAR-OLD

Students in this developmental level are becoming aware of their growing responsibility for their own behavior and for the decisions governing their personal social drug use that they will be making in the near future. Many students may already be making such decisions, but the majority are probably still only in the stage of awareness. Particularly toward the end of this period, children may be administering their own nonprescription medicines such as aspirin or cough syrup. Some questions they may be dealing with include: Will I smoke when I grow up (enter high school)? What is alcohol like? Why can't I smoke and drink now? What does it mean when someone says that Mr. Jones is an alcoholic? My big brother smokes pot, so what am I to do?

Some of the major developmental tasks for students in this age range are learning to deal with intimacy, the sharing of self with others and the clarification of sex-role identification. Consequently, he needs such skills as understanding what matters to others, social assessment and dealing with disapproval and rejections, particularly by peers. He needs to learn how to handle situations when his friends or parents express anger toward him.

Other sources of information (peers, television, older siblings) begin to challenge parents as sole authority. The sources may not be consistent in the behavior they encourage. TV advertising encourages drug use; mother discourages it, but mother uses drugs. Who is right, and who is wrong, and how do I know? Taking sides may involve disapproval from the other side. If the child learns to live successfully with disapproval and rejections, he learns to articulate an emerging set of values because he has chosen from alternatives what is important to him and he is willing to have his selection recognized.

THE TWELVE- TO FOURTEEN-YEAR-OLD

A student at this level exists somewhere in the twilight zone between being a child and becoming an adult. He is simultaneously fighting for independence and running back to childhood away from the insecurity that independence brings. The need for peer group identification is very strong to fill in the space that growing independence from the family is creating. At the same time that he desires group membership, he resists being controlled by it. He verbally asserts his individuality while conforming to peer demands of dress and behavior. Specific concerns include: What do I do if I don't want to go along with the group? How can I say no and still be friends? Why shouldn't I go along with the group? Are some of my parent's fears about the trouble I could get into valid?

At a time when independence is the major issue, students are becoming increasingly aware of legal and social controls beyond the family. From the student's point of view, school policies seem unduly oppressive. Learning when and how to question and when to accept authority is a major task.

At this stage the student is learning to relate to the opposite sex. He needs to develop some very complex skills such as dating, verbal social skills, planning, and social judgment. A socially competent self-image is critical.

THE FIFTEEN- TO EIGHTEEN-YEAR-OLD

At this stage the student is eager to accept adulthood, and for many situations society (if not the school) expects him to assume adult responsibilities. He can drive; he can leave school; he can vote; he can be drafted. And in many States he can marry without parental consent and purchase cigarettes and alcoholic beverages. During these years there is a sharp increase in the number of students beginning to experiment and use drugs socially. Alcohol is still by far the most popular drug, and marihuana perhaps is second. Although use of both drugs is illegal—always in the case of marihuana and usually for alcohol—society expects the 17- or 18-year-old to have had his first drink, but recoils at the thought of his having his first joint. Students at this stage are struggling with society's inconsistencies. The ideal world of justice, honesty, and democracy that they believed in as children no longer exists.

Most students begin to question many of the values they had taken for granted and consider changes they would like to see occur. Deciding how far they are willing to challenge what they define as unreasonable controls, and thereby risking severe personal consequences, is a major task. They become increasingly aware of the long-range consequences of the decisions they make. Planning occupational and vocational goals, achieving some sense of competency, recognizing personal limitations and learning to deal with failure are critical issues.

The descriptions of the four developmental levels are incomplete. They serve only to give a very general idea of a child's social development and some of the specific drug issues which may concern him at different points in his life. Too often it seems that schools do not recognize the increasing maturity of students. There may be little distinction between the freedom allowed a senior high student and that allowed a primary school student. Somehow, at graduation the 18-year-old "child" is expected miraculously to become a fully responsible adult who will assume his place in society or go on for more formal education where his ability to sink or swim depends on his own efforts and not on the ability of the teacher to nurse him through the system.

Public schools can build in opportunities for students to assume increasing responsibility for their own behavior and for maintaining the school society. The teacher can be a partner in preparing students to handle increasing responsibility.

Rather than repeat student needs in drug education for each developmental level, we

have listed them below in a more general sense. The depth of recognition, knowledge, understanding, etc., will vary with each developmental level and will naturally increase as the student moves toward adulthood. Also, the definition of drug as used in this text covers a broad range of substances.

A student needs to:

- Recognize the drugs he is likely to encounter or use
- Understand the function of these drugs and possible consequences of misuse or abuse
- Recognize his own physical and mental strengths and weaknesses (Do I have allergic reactions to certain substances? How well do I handle stress?)
- Understand and respect the body's natural functioning and the positive and negative effects of ingested substances on its functioning
- Understand the basic biological and social determinants of human behavior
- Know where to go for additional information (people and material resources) appropriate to his level of understanding
- Learn how to evaluate different sources of information on drugs (advertising, for example) and deal with conflicting messages from the different sources
- Know where to go for help with a drug problem or a personal adjustment problem and how to use resources available
- Know school policy governing drug-using behavior and teacher confidentiality
- Know social policy (local, Federal laws) governing drug-using behavior
- Learn the role of authority in society; when to accept, when and how to question
- Develop tolerance for others' drug-using behavior (refrain from ridiculing or pressuring nondrinkers, for example)
- Develop empathy for people with drug abuse problems
- Learn how to cope with relatives and friends with drug abuse problems (In what ways can I live more successfully with an alcoholic parent?)
- Recognize his own value positions on drug issues (Do I favor legalization?)
- Understand the behavioral consequences of those value positions
- Recognize possible inconsistencies among a number of value positions
- Develop tolerance for others whose values are different
- Make decisions governing his own drug-using behavior
- Test the strength of those decisions in situations which encourage him to act against his decision
- Develop techniques for handling social situations which might be particularly stressful (Learning alternatives to drugs as a means of handling personal discomfort such as feelings of inferiority)
- Develop a sense of appropriate expression of personal autonomy (When do I have a right to assert my opinion and not be controlled by others?)
- Accept the legitimacy of his own decisions for his personal behavior.

These need categories are weighted heavily in favor of the 95 percent of the student population who probably will never become drug abusers. To some extent, it is reasonable to put the emphasis on the needs of the majority. On the other hand, we should give more attention to the special needs of the roughly 5 percent who will become involved or dysfunctional drug users. This raises a number of problems. Obviously this segment of the school population requires more individualized attention. If the school system is to help reduce drug *abuse*, perhaps it should be considering smaller classes and a larger counseling staff (not academic counselors) or more specialized training for teachers as counselors.

The more basic problem, however, is in recognizing the potential drug abuser at an early

age. The fact is that we really do not know much about predicting drug abuse behavior. Probably there is a cluster of personality attributes, such as risk-taking, high level of anxiety, alienation, lack of well-developed interpersonal skills, etc., which may indicate the potential for drug abuse. Careful research is needed to learn not only what variables predict drug abuse but also the pattern of interaction which differentiates the potential drug abuser from the potential "leader" who may possess some of the same characteristics.

VALUES AND ATTITUDES

The task force felt that a teacher in the role of drug educator needs all of the competencies that any teacher needs and to single out this one role says, by omission, that the competencies needed for the role of drug educator are not needed in other teaching roles. The task force members did not wish to be misunderstood on this point. Consequently, the general value orientations presented below are considered to be important competencies for all teachers.

Any description of values listed as desirable runs the immediate risk of imposing one set of values over another set. Dictation of what should be valued, of how people should feel and behave, runs counter to a value generally held in high esteem by society. The suggestion that teachers should shape the values and attitudes of students strikes some people as "indoctrination" and is seen as an insidious form of brainwashing. Others see this as one of the principle functions of teachers and the educational system; in fact they would go so far as to charge the educational institution with responsibility to indoctrinate the young in the ways of society. Often it is not recognized by either group that willingly or unwillingly, wittingly or unwittingly, teachers *do* indoctrinate their students. Parents do this and peers do this. Unless we are willing to impute the development of values to heredity we need to recognize that beliefs, attitudes, and values are created and shaped in our interactive relationships with other people. Our values, attitudes, and beliefs are learned from other people, or from experiences with other people, in the process of living, in reading, in rubbing ideas against other ideas, in discovering how others feel and react to our feelings and reactions. Intentionally or unintentionally, this learning occurs, is internalized, is reinforced, and a value set is formed.

A teacher may shape attitudes about drug use behavior more through incidental comments about drinking or drunks than in hours of intentional, directed teaching of the subject. A teacher may teach more about human relations by his behavior with students than by particular didactic, informational content. The task force members recognized this, and the basic value and attitude competencies described below were developed with this in mind. These attitude statements are not entirely new; some may differ little from statements made elsewhere by others. In the main, these are the task force's description of a "good teacher" and are themselves a reflection of the values held by the task force members.

Values and attitudes are perhaps the most important component of the competencies for the role of drug educator. They are listed first because it is only within the philosophy they espouse that skill and knowledge descriptions become meaningful. Values and attitudes will play a part in determining how knowledge and skills are used. The teacher's attitudes toward his students and toward his profession will influence the knowledge and skill area he considers important and therefore worthy of developing.

The competencies that follow are separated into the values and attitudes considered virtually essential, and those about which the teacher should be aware and understand his own value position in relation to those of other people.

ESSENTIAL VALUES AND ATTITUDES

Conviction That the Teacher Should Serve More as a Facilitator of Learning Than an Imparter of Information

This attitude will help enable the teacher to allow students an active role in classroom experience and to relate the drug education program to the real concerns of students.

The teacher is able to:

- Accept his role as a teacher of people rather than as a teacher of subjects
- Believe that students should play a part in designing their learning experiences
- Participate as a learner in the classroom experience
- Use feedback from students to modify his own teaching and personal interaction with students.

Acceptance of Own Limitations as a Drug Educator or Drug Counselor: Willingness to Seek Assistance When Needed

The teacher can respect his own competence as an educator and at the same time recognize the value in educational experiences provided outside the classroom. At times the teacher may be asked questions he cannot answer or be called on to give help he is not trained to give. His ability to recognize situations where the student would benefit more by exposure to people with other kinds of competencies will enable him to handle such situations.

The teacher is able to:

- Recognize learning experiences in the community that would make a valuable contribution to the drug education program
- Invite community representatives into the classroom to expose students to a number of viewpoints on drug issues
- Admit that he does not know the answer to drug-related questions beyond his knowledge
- Refer drug-counseling problems beyond his competence to handle to appropriate resources.

Conviction of the Worth and Dignity of Students

The teacher will find it easier to establish rapport with his students if he is able to recognize them as individuals in their own right, due the same respect that he would show a fellow adult. Showing understanding and empathy for students does not imply that the teacher should give up his own opinions.

The teacher is able to:

- Involve students in planning and decisions regarding their welfare
- Recognize that students must accept increasing responsibility for personal decisions
- Recognize that his own personal alternatives to drug use (e.g., religion) might not be acceptable to the student
- Avoid labeling people with stereotyped or derogatory terms (e.g., "hippie," "junky," "punk")
- Listen to other points of view and accept them as legitimate for the people who hold them
- Appreciate something of value in every student.

Attitude of Respect for and Understanding of "Different" Individuals and Lifestyles

The teacher may have students in his class who come from varying backgrounds. What might be considered normal drug use in one lifestyle might be considered deviant in another. For example, the teacher and class members who feel that social drinking is acceptable should not insist that others who have decided differently must follow their practice.

The teacher is able to:

- Respect the student's right to self-determination
- Believe in the right of students to maintain their differences which do not interfere with other members of the class
- Understand different lifestyles exhibited by students.

Attitude of Respect for and Trust in the Student's Family Regardless of the Teacher's Personal Preference for a Particular Family Lifestyle

Every teacher will have students whose parents exhibit behavior—including drug-using behavior—that the teacher does not condone. His attitude toward the family need not prevent him from encouraging strengths that exist in the family relationships. The teacher can avoid creating or widening any gaps by not instilling in the student a belief that his family is "wrong," "inferior," "immoral," etc.

The teacher is able to:

- Realize that families will make different judgments about their drug use
- Avoid labeling families with judgmental terms such as "bad," "wrong"
- Realize that what he personally perceives as a "destructive" parent-child relationship may not necessarily be destructive to the parent and student
- Recognize that the student will probably continue to live with his family and will, therefore, benefit more from help in coping with stressful situations rather than from increased dissatisfaction

Conviction That His Own Personal Decisions Regarding Drug Use and Personal Opinions on Drug Issues Are Legitimately Held

If the teacher is to serve as an effective role model, he should be able to express and justify his personal decisions regarding drug use and his opinions on controversial drug issues. By demonstrating his personal valuing and decisionmaking processes, the teacher avoids giving students the idea that it really does not matter what drug-use decision they make. The teacher can stand up for his beliefs and at the same time recognize the legitimacy of others' beliefs.

The teacher is able to:

- Recognize the importance of personal drug-use decisions for himself and students and the possible consequences of the decisions
- Recognize appropriate time and place to express personal decisions and opinions regarding drugs to students
- Convey personal attitudes toward drug use to students in a nonauthoritarian, nonlecturing manner
- Accept reactions from students who may disagree with his position
- Demonstrate to students the rationale underlying his personal decisions
- Recognize that personal values and attitudes regarding drug issues will influence his classroom behavior; examine personal values and attitudes and be sensitive to their influences.

Attitude of Respect for the Integrity of the Human Body

The body's ecological system is altered by any assimilated drug. Under some circumstances, therapeutic drug use may be necessary to preserve the normal ecological balance. Social drug use, however, does not promote natural functioning. The degree to which it disrupts the ecology depends, of course, on the type of drug, amount and frequency of use. The teacher may decide to use drugs socially, and certainly some of

his students will. If he signals to students an attitude of respect for the integrity of the body, he may—as a role model—discourage students from carrying their drug use to extremes of body pollution.

The teacher is able to:

- Recognize that assimilated substances alter the natural functioning of the body
- Realize the importance of maintaining the balance of the body as an ecological system
- Realize that all drugs have both desirable and undesirable effects on the body which must be weighed in the decision to use drugs therapeutically or socially.

Conviction That Drug and Alcohol Issues Are Legitimate Issues to Be Covered in the Classroom

This conviction would seem essential to the role of drug educator. If the teacher believes, for example, that drug and alcohol use should be discussed only in the home, then he will not allow such topics to come up for discussion in his class. If he does not believes in the effectiveness of what he is doing, he is likely to give the role lipservice only.

The teacher is able to:

- Value drug education as an effective means of reducing the number of students who will have drug-related problems
- Express interest in the classroom in current issues and trends relating to drugs
- Express interest in the latest trends in drug-use patterns among students.

Conviction That Drug Education Should Encourage Alternatives to Drug Use Rather Than Attack Drugs

It may be difficult for the teacher to realize that drugs very often have positive results for the user. They may provide the user with a sense of identity and group acceptance and they may help reduce unpleasant moods and feelings and provide very pleasurable experiences. The positive gains may have more importance to the user than any negative warnings of the dangers of drug use to physical and mental health. The challenge to the drug educator, therefore, is to help students discover alternatives which compete with drugs in offering these positive results.

The teacher is able to:

- Understand the discomfort associated with feelings of inferiority, rejection, anxiety, etc.
- Recognize the importance of activity and involvement in reducing such uncomfortable feelings
- Believe that activity in an area of interest can successfully compete with drugs in reducing uncomfortable feelings and in helping to provide positive results such as group acceptance.

DIFFERENT VALUE AND ATTITUDE ORIENTATIONS TEACHERS SHOULD UNDERSTAND

For the value and attitude issues listed below, there is no single belief considered most desirable for the teacher to have. However, it is important that the teacher knows where he stands on these issues and understands different value positions held by others and their reasons for holding them. This should help the teacher in his role as drug educator to relate to people who might have conflicting opinions on drug issues.

- Attitudes Toward the Legalization of Controversial Drugs Such As Marihuana, Heroin, LSD and Other Hallucinogens
- Attitudes Toward Drug Use and Drug Dependence

- Attitudes on the Morality of Drug Use
- Attitudes of Parents Concerning How Much They Want Their Children To Know About Drugs
- Attitudes Toward Loyalty to the School Versus Loyalty to the Student

SKILLS

Skills are the techniques, methods, and procedures which the teacher uses to fulfill objectives in the classroom, with parents, and in the community.

Teaching skills and interpersonal skills are critical to a good drug education program. They influence how effectively the teacher can communicate his knowledge and what results will occur from that communication. Affective education requires a close examination of the additional skills teachers need. The appropriate skills and values and attitudes may be more essential than any amount of drug knowledge in the reduction of drug problems.

Skills in Recognizing and Working With Student Concerns About Drug Issues

The student lives in a drug-using society and needs to learn to cope with that environment. Information and issues that are made relevant to the student's frame of reference are more effective in motivating the student to learn. The teacher who serves as a facilitator of learning is skilled in identifying, clarifying, and using the needs of students to promote their cognitive and affective growth.

The teacher is able to:

- Promote an awareness and increased understanding in the student of the total drug world in which he lives and how he relates to it
- Involve students in designing and implementing classroom activities which reflect students' current concerns about drug issues and anticipate some immediate concerns students may have as they grow older
- Select language and behavior appropriate to the situation in which he is interacting with students.

Skill in Using Value Clarification as a Learning Experience

Because of the increased number and variety of conflicting values a student encounters, he needs an opportunity to clarify his own thinking. Rather than impose still another idea of what to think, the classroom can provide the opportunity for the student to examine a number of value positions related to drug issues, examine the consequences of different positions, and select his own values freely. The student's value system greatly influences his personal decisions and behavior.

The teacher is able to:

- Raise questions with students which cause them to clarify their values through consideration of alternative positions; examine possible inconsistencies in their values; and examine the strength of their values as shown by their actions
- Clarify his own values with regard to drug issues without imposing his values on the students
- Develop and use classroom exercises which raise value issues of concern to students regarding the drug world in which they live. (Issues might include legalization, dealing with peer pressure, use of drugs to control behavior or enhance mental abilities, medical experimentations.)

Skills in Problem-solving and Decisionmaking

Teacher competency in problem-solving will aid students in examining factual information to use in making decisions governing their personal drug-using behavior. If society holds the child increasingly responsible for his behavior as he grows older, then the classroom should provide an opportunity for him to develop skills which enable him to accept that responsibility and handle it successfully.

The teacher is able to:

- Assist students in defining questions which reflect their particular interest or need and deciding what information they need to answer their questions
- Evaluate and use resource persons and materials for the drug education program
- Discriminate between fact and fiction about drugs and alcohol
- Assist students in locating resources at school or in the community for obtaining desired information or skill. (Resources include written material, institutions or agencies, or people with expertise accessible to the student and appropriate to his developmental level.)
- Design and conduct classroom activities (e.g., role playing, group discussion) which give students the opportunity to develop and examine various ways of handling drug-use issues relevant to their age and social situation
- Stimulate the student's desire to investigate different points of view and examine their implications
- Design and use classroom activities which give students the opportunity to test the strength of their decisions
- Assist students in recognizing positive and negative consequences of decisions concerning drug use, misuse and abuse
- Assist students in learning how to weigh the consequences of possible decisions they could make on drug issues
- Assist students in evaluating risk-taking for self-development
- Solicit and receive feedback from students to accurately determine how the teacher's behavior affects the students and, when appropriate, be able to change.

Skills in Working with Problem Students Individually

A teacher trained for the role of drug education hopefully will be particularly sensitive to any existing drug problems in the school. If he has established a good rapport with his students, they may look to him as a person to go to for help with a drug problem. The teacher needs to be skilled in handling a request for help. Above all, he must be able to recognize his own limitations in a counseling situation and be helpful to the student in deciding what other sources of help would be appropriate.

The teacher is able to:

- Recognize drug-abuse problems in students; distinguish between drug experimentation, use, and abuse
- Provide emotional support to students who disclose personal drug abuse problems or problems with family or with friends
- Assess his own limitations in dealing with a student or family drug problem and make referrals to appropriate professional help
- Establish rapport by conveying to the drug-using student a nonjudgmental acceptance of him without necessarily condoning his behavior
- Plan with the student an immediate course of action acceptable to the student
- Structure the counseling situation to maximize the student's thinking for himself and

to promote the student's active participation in deciding on the course of action acceptable to the student

- Assess needs or personal problems of the student through accurately reading his verbal and nonverbal behavior
- Facilitate the student's developing a sense of self-worth
- Identify family problems influencing the student's behavior

Skills in Working with Other Adults Concerned with Students in the Drug Education Program

One critical set of skills involves working with other adults, such as school administrators, parents, and community representatives, particularly where differences in attitudes and philosophies exist. Involving others in the drug education program can be useful in broadening the scope of classroom experiences and promoting an understanding in the school and community of the program itself. In addition, considerable skill is needed in working with significant adults in handling an individual student's drug problem to his best interest.

The teacher is able to:

- Involve parents, appropriate school personnel, and community representatives in the drug education program
- Provide accurate information to and work with other school personnel (school nurse, counselor, principal) in dealing with problems of drug use
- Encourage the cooperation of school personnel in getting help for a student with a drug problem in a manner that is acceptable to the student
- Communicate with parents to bring about new insights as to the needs and problems of the student
- Educate parents and other adults to existing or potential problems in the use or abuse of drugs
- Promote a constructive parent-teacher relationship in the interest of the student
- Provide information concerning the school's drug education program to other school personnel and interested community representatives
- Work with law enforcement representatives in the best interest of a student apprehended for drug possession or sale on the school grounds
- Promote parents' confidence in the school's drug education program.

KNOWLEDGE

The knowledge base for teaching is the body of fact, theories, principles, and relationships that underlie the teacher-student classroom experience. For any subject area, the teacher must possess a basic level of knowledge and understanding to be an effective facilitator of learning. In drug education there has not been a consensus as to what areas and depth of knowledge are needed. The knowledge competencies listed here do not describe a pharmacologist, a physician, or psychologist. Instead, they describe a teacher who understands the needs and problems of his students and who has enough knowledge about drugs and current trends in drug issues (social use, legalization, etc.,) to feel comfortable handling class discussions and students' questions. Rather thar being a "drug expert" (whatever that might be), he is able to recognize his own limitations and refer students to other sources when necessary.

Knowledge and Understanding of Human Growth and Development

The knowledge of growth and developmental characteristics of students help prescribe what to teach, when, and how to teach. A working knowledge of the stages of physical and emotional development also enables the teacher to better empathize with his students; to help them learn how to cope with personal concerns, problems, and needs; and to recognize and understand behavioral problems.

The teacher is able to:

- Identify the factors that affect the sequence of mental and physical growth and development
- Illustrate the interrelatedness of physical, emotional, and social dimensions of growing and developing
- Identify the physical, social, and psychological stages of human growth and development
- Describe in depth the developmental stage for the age group for which drug education is provided
- State examples of different patterns of social behavior frequently observed among students with whom the teacher will be working
- State examples of different techniques frequently employed by his students to deal with various levels of stress
- Relate the various stages of growth and development to drug use and abuse
- Illustrate behaviors that often indicate underlying problems.

Knowledge and Understanding of the General Composition of the Most Common Drugs and Their Effects

The teacher will need an understanding of the general nature of common drugs and their positive and negative effects if he is to provide an opportunity for the student to understand current scientific information concerning the relationship of drugs to physical, mental, and social health. More importantly, such knowledge will help the teacher answer a student's questions or help him find answers to his questions concerning drug issues.

The teacher is able to:

- Identify common drugs by pharmacological and slang names
- Classify common drugs into commonly accepted categories
- Define basic terminology related to drug use, misuse, and abuse (terms such as drug dependence, addiction, tolerance, withdrawal)
- Recall the origin of common drugs (i.e., poppy, hemp plant, cactus, laboratory)
- Identify the ways in which different drugs are taken into the body (i.e., orally, injected, inhaled)
- List the general effects of different drugs (including the effects of exposure to household products and industrial agents) on the body.

Knowledge and Understanding of Basic Uses and Abuses of Drugs

The role of drug educator includes helping the student understand the positive function of drugs as well as the possible consequences of drug misuse and abuse. The student needs to understand what we know and what we do not know about drug effects and to consider what the future might hold in terms of scientific discovering for the use of drugs and changes in social drug use.

The teacher is able to:

- Illustrate current functional uses of drugs in society
- Illustrate some of the possible ill-effects of drugs that are misused or abused and the relative probability of the different effects
- Identify some of the underlying causes of drug abuse
- Distinguish between causes for experimental or social drug use and dysfunctional drug abuse
- Compare different uses of drugs among a number of cultural groups and particularly among subcultural groups in this country
- Compare different forms of drug use and abuse among various age groups, including adults
- Summarize how drugs are used and abused in certain occupational groups
- Cite examples of patterns of "medical" drug use and misuse common in many families; illustrate how the patterns might vary from subculture to subculture (use of birth control pills, diet pills, home remedies, etc.).

Knowledge and Understanding of Current Policies Governing Drug Use

The legal restrictions which govern drug-using behavior are a part of reality. Knowledge of current social policies will aid the teacher in helping the student understand possible legal consequences to be considered in the student's decision about his personal behavior.

The teacher is able to:

- State the school policy governing drug use, possession, or sale on campus, and teacher confidentiality in drug counseling with students
- State the formal and informal processes by which school policy was determined
- State the penalties and other pertinent provisions of local laws related to drug use
- Identify the penalties and other important aspects of Federal legislation dealing with drug abuse
- Recall the background of legislative efforts in order to understand current drug laws and policies and the public attitudes they reflect

- Illustrate legislation designed to protect the consumer in the use of drugs including household chemical substances (not all drug legislation is punitive).

Knowledge and Understanding of Current Issues and Trends in Drug Use and Abuse

The drug scene is one of constant change; new drugs are introduced, new patterns of use and abuse arise and the number of "expert" opinions increases. The teacher will feel more comfortable in his role as drug educator if he is familiar with recent research findings, current trends in the legalization issue, changes in subcultural patterns of drug use and abuse, and societal influences on the rates of use and abuse.

The teacher is able to:

- Generalize some of the major research findings relating to drug use and abuse
- State the basic principles included in major drug commission reports
- Report some of the major local, State, regional, national and international developments concerning drugs
- Analyze socioeconomic influences as they affect drug use and abuse
- Examine the effectiveness of school policies related to drug use
- Discuss general societal influences on the use and abuse of drugs (entertainment, news coverage, features, and advertising in newspapers and on television; changes in lifestyles such as increased living pace; increased communication, greater exposure to conflicting value systems, etc.)
- Describe some of the current controls on drug trafficking at various levels
- Illustrate typical consumer problems related to drug use (misleading advertising, unknown quality of street drugs, etc.).

Knowledge of Drug-related Community Resources and Their Functions

Education is an ongoing process within the entire community. The drug education program will benefit if the teacher possesses the knowledge and expertise to use community agencies and resources as they relate to the role of drug educator.

The teacher is able to:

- Indicate the importance of cooperation between the school and community agencies in drug programs
- List organizations and agencies, particularly at the State and local levels, that lend or distribute drug educational materials
- Demonstrate awareness of community organizations and agencies that furnish resource persons to drug education programs
- State the purpose of public and private health agencies that engage in counseling and treatment of individuals with drug problems
- Identify proper procedures for using services of publicly or privately sponsored drug counseling or treatment centers
- Identify sources of legal aid and procedures for using their services
- Identify community resources in drug research.

Not every teacher will become a perfect model of the competencies we have described. Neither do all teachers graduate with a perfect grade point average, and educators have agreed that a certain minimum score is "passing." The competencies listed describe an ideal. Although the ideal may be difficult to achieve, it is important to have it clearly in mind to help us set our directions and understand what we are moving toward. It is important, therefore, that we do not overlook or neglect major items which contribute to the ideally competent drug educator.

Are we expecting too much of our teachers? Many people say yes, and perhaps they are right. The average teacher has at least 25 to 30 students in his class. A teacher in an upper-grade level has as many as four classes, each with 25 to 30 students. How much time does he have to be concerned with the individual needs of his students, to really gain any amount of insight into each student in the class or become sensitive to some of the family problems that are affecting a student's behavior? On the other hand, the more that the class is treated as a homogeneous group, and the less attention is given to individual differences, then the lower our expectations should be concerning the school's ability to do more than expose students to prescribed fields of knowledge. If our expectations are out of line with our educational system, then clearly one or the other must be changed.

The challenge to drug education is truly a challenge to the total educational system. If we expect the educational system to play a part in reducing drug abuse, then perhaps we should look at what is happening in the classroom—or what should be happening in the classroom—during the entire school day, not just when drug issues are being discussed and the teacher assumes the role of drug educator. If we train teachers as human resources and not as "drug experts," then hopefully they will be prepared to help students deal with basic problems, not just the expression of their problems (in this case, drugs). If, next year, the drug crisis suddenly recedes and we see former drug abusers joining the "Jesus Freak movement," can we assume our drug education program succeeded? Will we institute teacher training for "Jesus Freak education," and for each new "unacceptable " youth movement that comes along? In other words, is the objective of our educational program to stop students from taking drugs (and perhaps move to another unacceptable behavior), or to help people learn, at least partly in school, how to cope with life situations?

ANNOTATED BIBLIOGRAPHY

Resources Describing Educational Techniques Applicable to Drug Education

Brandt, Elizabeth R.; Bordbeck, Arthur J.; Moore, Airs P.; and Troyer, W. Lewis. *Value Sharing: A Creative Strategy for American Education.* Illinois: National College of Education, 1969.

Rath, Louis; Harmin, Merril; and Simon, Sidney. *Values and Teaching.* Columbus, Ohio: Charles E. Merrill, 1966.

Shaftel, Fannie R. *Role Playing for Social Values: Decision-Making in the Social Studies.* Englewood Cliffs, New Jersey: Prentice-Hall, 1967.

Simon, Sidney, et. al. *Newer Strategies for Value Clarification.* (To be published in 1972. For more information write Values Associates, Box 591, Amherst, Mass. 01059).

The concept of valuing used in the above publications refers to a process whereby students examine a number of positions in regard to a particular issue (e.g., Do individuals have the right of self-determination in deciding whether or not they will use any drug?). They choose their personal position on the issue, examine the rationale for their choice, and examine the consistency of that value with other values they may hold and with their past and future actions. The process asks students to explore not only what they think, but also how they would act (or have acted). Valuing does not imply the teaching of specific values. A teacher who uses the valuing process will soon learn that some students may choose values that he would not adopt personally. The resources listed below describe a number of techniques in valuing that can be used in one-to-one or group settings. These techniques were not developed specifically for drug education, but they can be easily applied to drug-related issues and can be adapted to any audience.

Carey, Richard; Gelatt, H. B.; and Varenhorst, Barbara. *Deciding and Deciding: A Leader's Guide.* College Entrance Examination Board, New York, 1972.

Deciding, a course of study to teach students how to make decisions, and its companion publication, *Deciding: A Leader's Guide,* were developed by the College Entrance Examination Board to assist students in making well-informed and well-considered decision about themselves, their education and their future. Designed for students in junior and senior high schools, the program is a course of study in development of decisionmaking skills that can serve as a basis for a schoolwide decisionmaking curriculum, as a major component in the guidance program, or as part of subject areas such as English, social studies, and health education.

Mial, Dorothy J., and Jacobson, Stanley. *Ten Interaction Exercises for the Classroom.* Washington: NTL Institute for Applied Behavioral Science, 1971.

The exercises are designed to familiarize teachers with group process techniques. They have several goals: to help teachers increase their students' awareness of their own and others' views of the world; to develop controversial issues productively; to increase commitment to the educational process. The packet includes material on learning about behavior styles; experiments in communication and cooperation; brainstorming;

stop action; role playing; the fishbowl design for discussion; diagnosing a classroom problem; accent on listening; and lost on the moon, a decisionmaking problem.

Resources in Developmental Psychology

Elkind, D. *Children and Adolescents: Interpretive Essays on Jean Piaget.* New York: Oxford University Press, 1970.

Erikson, E. H. "Identity and the Life Cycle." *Psychological Issues.* New York: International Universities Press, Inc., 1959, Part I, pp. 1–167.

Havighurst, R. J. *Developmental Tasks and Education.* New York: David McKay Co., 1952.

Kagan, J., and Moss, A. *Birth to Maturity: A Study in Psychological Development.* New York: John Wiley and Sons, Inc., 1962.

The references above cover a broad spectrum of developmental psychology. The focus is on readings that highlight the psychological and social tasks critical at each stage of development and their relation to educational philosophy and curriculum.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1975 O—575—719